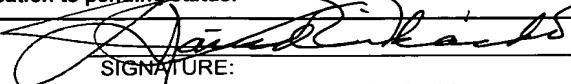
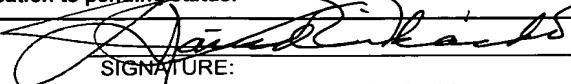
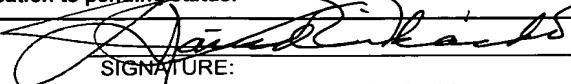


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| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER AKY-0021 |
| INTERNATIONAL APPLICATION NO. PCT/JP02/07465 | INTERNATIONAL FILING DATE 24 July 2002 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/4522025 NEW APPLICATION |
| TITLE OF INVENTION WIND POWER GENERATOR AND METHOD FOR CONSTRUCTING WIND POWER GENERATOR | | PRIORITY DATE CLAIMED N/A |
| APPLICANT(S) FOR DO/EO/US Shiro KINPARA et al. | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). - Unexecuted</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> | | |
| Items 11 to 20 below concern document(s) or information included: | | |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Return Receipt Postcard; A copy of WO2004/009993 A1 (abstract)</p> | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| U.S. APPLICATION NO. (If known, see 37 CFR 1.55) 11/52225 | | INTERNATIONAL APPLICATION NO. PCT/JP02/07465 | ATTORNEY'S DOCKET NUMBER AKY-0021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|--------------------------------------|--------|--------------|--------------|------|--------------|-----------|--|------|--------------------|--------|--|------|---|--|---|----|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|------------------------|----|-----------------------|----|---|--|--|--|---|--|--|--|--|--|--|--|---|--|-------------|--|--------|--|--|--|----------------------------|--|
| 21. The following fees are submitted: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> a) Basic national fee \$300.00 <input checked="" type="checkbox"/> b) Examination fee \$200.00 <input checked="" type="checkbox"/> c) Search fee \$500.00 | | TOTAL OF ABOVE CALCULATIONS = \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 - 100 = | 10 /50 = | 1 | x \$250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>12 - 20 =</td> <td></td> <td>x \$</td> </tr> <tr> <td>Independent claims</td> <td>3- 3 =</td> <td></td> <td>x \$</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="4"> TOTAL OF ABOVE CALCULATIONS = \$ 1,000.00 </td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. </td> </tr> <tr> <td colspan="4"> SUBTOTAL = \$ 1,000.00 </td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> </tr> <tr> <td colspan="4"> TOTAL NATIONAL FEE = \$ 1,000.00 </td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> </tr> <tr> <td colspan="4"> TOTAL FEES ENCLOSED = \$ 1,000.00 </td> </tr> <tr> <td colspan="2" rowspan="2"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td>Amount to be charged:</td> <td>\$</td> </tr> <tr> <td colspan="4"> a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>18-0013</u> in the amount of \$ <u>1,000.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>18-0013</u>. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </td> </tr> <tr> <td colspan="4">NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.</td> </tr> <tr> <td colspan="4">SEND ALL CORRESPONDENCE TO: David T. Nikaido RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W., Suite 501 Washington, DC 20036 (202) 955-3750 Date: January 21, 2005 CUSTOMER NUMBER: 23353</td> </tr> <tr> <td colspan="2" rowspan="2">  SIGNATURE: NAME: _____ </td> <td colspan="2">NAME: _____</td> </tr> <tr> <td colspan="2">22,663</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">REGISTRATION NUMBER: _____</td> </tr> </tbody></table> | | | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 12 - 20 = | | x \$ | Independent claims | 3- 3 = | | x \$ | MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | + | \$ | TOTAL OF ABOVE CALCULATIONS = \$ 1,000.00 | | | | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 12 - 20 = | | x \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 3- 3 = | | x \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | + | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Amount to be refunded: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Amount to be charged: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  SIGNATURE: NAME: _____ | | NAME: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 22,663 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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